

An Appalachian Regional Summit on Prescription Drug Abuse

September 25-26, 2013



Report and Recommendations





Dear Partner,

We have all witnessed the devastating effects that prescription drug abuse has had in communities throughout Appalachia. As a regional problem, it calls for regional solutions. That is why we joined together to host the Appalachian Regional Prescription Drug Abuse Summit on the campus of East Tennessee State University (ETSU) in September 2013.

Attached you will find the Report and Recommendations that resulted from the Summit. This report was designed with action in mind, therefore we took great pains to keep it brief. It is meant to serve as a call to action as well as a plan of action.

Through our collaborative efforts, much progress has been made in reducing the supply of prescription drugs diverted to our streets. However, in the aftermath of the prescription drug epidemic, the Appalachian region is now experiencing a tragic number of heroin overdose deaths as a result of a significant increase in heroin use.

The strategies needed to address opiate abuse are multi-faceted and require not just the work of law enforcement but the combined efforts of all of us. We encourage everyone to continue to make Appalachia safer and healthier by sharing information on best practices to address opiate abuse.

Sincerely,

Kerry B. Harvey, U.S. Attorney
Eastern District of Kentucky

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Bill Killian, U.S. Attorney
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An Appalachian Regional Summit on Prescription Drug Abuse

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"There's nothing more hopeless than going through every day knowing that you've got to have a certain number of pills to get through the next day. It's miserable."

— Stephen Loyd, MD, Associate Professor of Internal Medicine, James H. Quillen VA Medical Center

A Call to Action

Following national trends, prescription drug abuse and misuse in Appalachia continues to ravage the physical, mental, and financial health of the region. Of 38,000 overdose deaths in the United States in 2010, 22,000 involved prescription drugs. This epidemic has already eclipsed motor vehicle deaths, and prescription drugs claim twice as many lives as heroin and cocaine combined.

For every overdose death, 10 people are admitted to treatment for abuse, 32 visit emergency departments for abuse or misuse, and 825 people are using prescription drugs for nonmedical reasons. At the time of the summit, more people were expected to seek treatment for prescription drug abuse than for alcohol abuse in Tennessee in 2013. Abuse is rising sharply among those aged 18 to 25 and an estimated 2500 youth each day try prescription drugs for nonmedical reasons for the first time.

This epidemic is costing us more than our lives and our health. The economic burden caused by criminal justice costs, lost worker productivity, and treatment is estimated at \$62 billion a year nationally and at \$2.72 billion in Tennessee, West Virginia, and Kentucky combined.

The prescription drug abuse epidemic has also given rise to new criminal activity. Tighter prescription regulations and prosecution of illegal prescription drug distribution, combined with a population with a high prevalence of opioid addiction, have created a growing heroin market in the Appalachian region. Arrests for heroin offenses and heroin overdose deaths each increased 2400% in Kentucky from 2008 to 2012. Property crimes such as burglary and shoplifting are on the rise, and interviews by law enforcement indicate that the descent into addiction and the drastic behaviors that enable that addiction often begin with a teenager stealing from his parents' medicine cabinet.

At the root of this devastating epidemic is a complex web of causes: ill-informed prescribing behaviors, lack of communication among health professionals and their patients, a public that underestimates the risk of misused prescription medications, financially and politically powerful pharmaceutical companies, and a social stigma that shames addicts out of the rehabilitation they need to recover their lives.

The solution, then, has to be as multifaceted as the problem itself. A coordinated, interdisciplinary approach led by healthcare providers, law enforcement, federal, state, and local governments, information technology professionals, academia, and community groups is needed to address each spoke in this wheel.

We know this epidemic can be ameliorated. SAMHSA has vetted and compiled 300 effective prescription drug abuse interventions in its National Registry of Evidence-based Programs and Practices. And we know it's worth it. Every \$1 invested in drug treatment yields a \$4 to \$7 return.

To combat this crisis, representatives from government, law enforcement, the healthcare community, public health, and academia convened at East Tennessee State University on September 25-26, 2013 for An Appalachian Regional Summit on Prescription Drug Abuse. Speakers discussed the causes, the impact, and potential interventions related to this burgeoning public health crisis. This report contains the recommendations that resulted from the summit.

Summary of Recommendations

- 1 Make state prescription monitoring programs more effective by mandating use and increasing interoperability among states.
- 2 Allow law enforcement greater access to these monitoring systems.
- 3 Improve access to multifaceted treatment programs that offer addiction counseling and medication, as appropriate. Explore cost-effectiveness of inpatient and outpatient options for sustainable addiction recovery.
- 4 Increase public awareness of the dangers of prescription drug abuse and misuse. Emphasize proper monitoring, security, and disposal of medications, especially when minors and college-aged children are in the home.
- 5 Encourage employers to offer employee assistance programs that provide counseling to those in need of addiction treatment services.
- 6 Require prescribers and pharmacists to be consistently trained in addiction and abuse recognition and referral of patients to treatment services.
- 7 Increase the amount of training that medical students receive in pain management. Mandate two hours continuing medical education with the DEA every two years for prescribers.
- 8 Ensure consistency and accuracy of overdose death reporting.
- 9 Enhance communication among prescribers, pharmacists, and patients.
- 10 Conduct analyses of substances reclaimed at DEA-sanctioned take-back events and drug drop boxes to determine the types and amounts of drugs recovered.



Presenters and Panelists

David Walker, MD

Deputy Chief of Staff at Robley Rex Veterans Affairs Medical Center, Louisville, KY

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Karen Cline-Parhamovich, DO

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The Burden of Prescription Drug Abuse in the United States and Appalachia

Statistics At a Glance

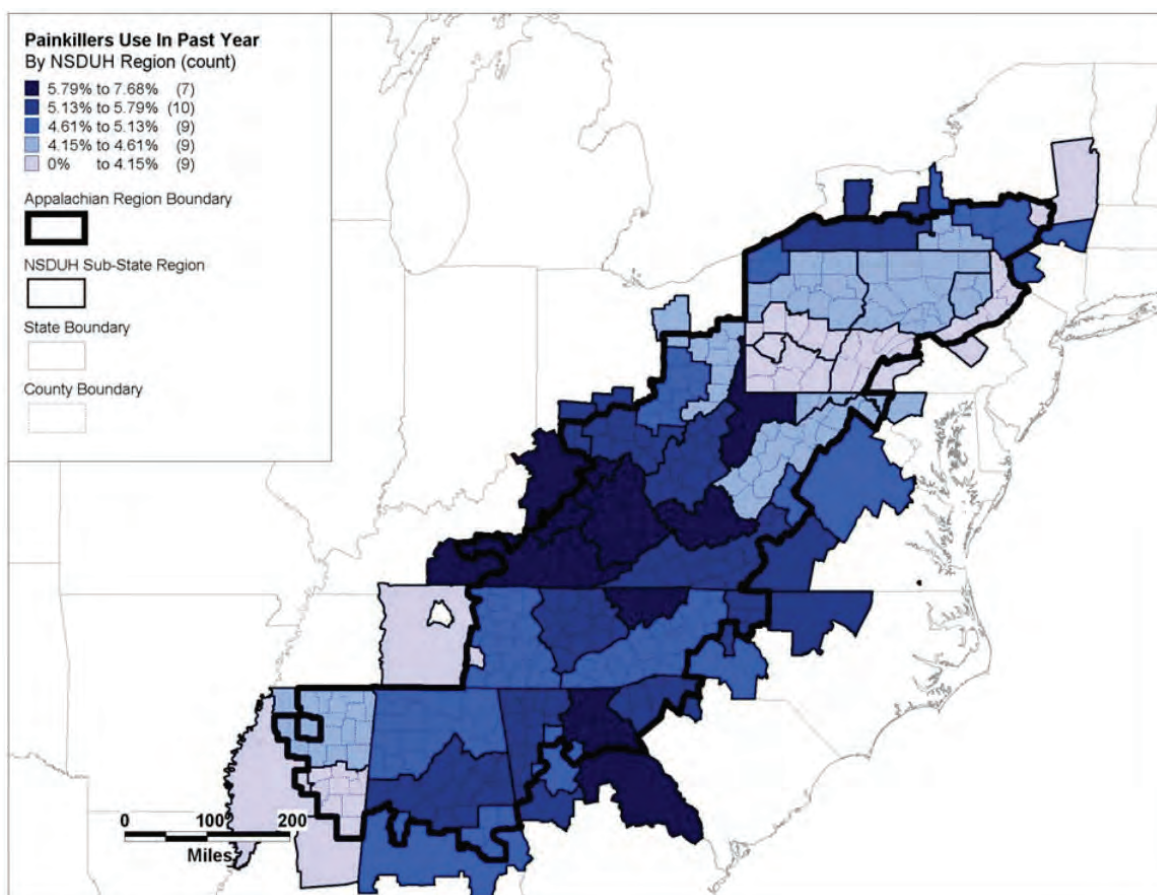


The Health Burden

The National Household Survey of Drug Use and Health reports that:

- 30 million Americans have abused prescription drugs at some point in their lives,
- 15 million have done so in the past year, and
- 7 million are currently abusing prescription medications.

Painkiller Use in Past Year, by NSDUH Sub-Region, 2002-2005



Source: Zhang, et al. (2008) *Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region*. NORC/ETSU report to Appalachian Regional Commission.



The Economic Burden

Average annual individual

healthcare costs:  **\$2000-2500**

Average annual healthcare costs

for an opioid abuser:  **\$20,000**

Annual national economic impact of prescription drug abuse

- \$2.2 billion for treatment costs
- \$1.1 billion for medical complications
- \$8.2 billion for criminal justice costs including costs to victims of crime
- \$42 billion for lost productivity, including premature death, un/underemployment, incarcerated individuals

In Appalachia

- \$393 million in West Virginia
This number equals the total funding for the entire police force for the state.
- \$927 million in Kentucky
This number exceeds the state budget for elementary and secondary education.
- \$1.4 billion in Tennessee
This number almost equals the state highway budget.

How did we get here?

"There is no one thing—there are many pieces of this puzzle."

—Regina LaBelle, *Chief of Staff, Office of National Drug Control Policy*

As discussed at the summit, a number of national and regional factors have created a climate that is conducive to prescription drug abuse.

THE FINANCIAL CLIMATE

"Two addictions collide: an insatiable appetite for opiates...and greed."

— Alan Santos
Associate Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration

Americans make up five percent of the global population yet consume 80% of the opioids in the world. Prescription drugs are a part of our cultural zeitgeist: 70% of Americans are taking at least one prescription drug and more than half are taking at least two. Of these medications, opioid painkillers are the third most frequently prescribed class, following only antibiotics and antidepressants. Because the business of treating pain is reportedly more lucrative than treating addiction, the rise of prescription medication abuse has been described as the result of two addictions—one to opiates and another to money—colliding.

A PUNITIVE APPROACH TO ADDICTION AND ABUSE

Addiction is a phenomenon that is still sometimes misunderstood by the medical community, law enforcement, and

Addiction "is a moral failing in the eyes of probably 95% of the people even in this room."

— Stephen Loyd, MD
*Associate Professor of Internal Medicine
James H. Quillen VA Medical Center*

the general public. Simply controlling prescription medications and illicit drugs, without simultaneously offering accessible and affordable treatment for addiction and implementing prevention programs, leaves the underlying problem unaddressed. New approaches to regulation and control must acknowledge that addiction is a complex but treatable disease of the brain.

ADDICTION GENESIS IN THE HOME

"Doctor-shopping," the drug abuse boogeyman of the popular imagination, is practiced by only a quarter of chronic abusers and only 17% of new initiates. The vast majority of individuals abusing painkillers for the first time will get their first "fix" at home. An estimated 70% of first-time users are supplied by family or friends and over half of these drugs are obtained for free. Of these free drugs, 82% were obtained from one doctor. The ease with which these drugs are diverted suggests that the public underestimates the risk of misused prescription medications.

Extrapolating from a similar scenario, research shows an inverse relationship between perceived risk and the adoption of marijuana use among high school seniors. Prescription medication abuse among high school and middle school students is also becoming increasingly pervasive because the general population underestimates the risks associated with medication misuse. An estimated 9% of teens have abused ADHD medications (Adderall®, Ritalin®, Concerta®) within the past year and 1 in 4 teens believe that these drugs can be used as study aids. Parents surveyed mirrored the attitudes of their children. The adoption of prescription drug abuse is likely fostered by a similar failure of parents, caregivers, and relatives to acknowledge the hazards involved. A necessary area for intervention, therefore, will include changing the risk perception among teenagers and young adults, educating parents about the risks, and encouraging parental monitoring and proper disposal.

ADDICTION IN THE INFORMATION AGE

Understanding cultural and technological context is crucial. Our prescription drug abuse epidemic has grown alongside the internet and social networking. The same technology that allows for systematic monitoring of controlled substances also allows for the proliferation of information that guides addicts to new sources and methods to bypass control attempts. Websites such as BlueLight.org and Erowid.org allow abusers to share experiences, follow trends, and develop mechanisms to circumvent abuse-deterrent formulations of medications. Health professionals, government officials, and law enforcement agents need to communicate with one another at least as effectively as the drug abusers we want to help.

COMMUNITIES UNAWARE OF TREATMENT SERVICES

Despite the wealth of information available to abusers and addicts to facilitate prescription drug misuse, residents of many Appalachian areas are unaware of services and treatment options available to them within their communities. Panelists from West Virginia, Kentucky, and Tennessee noted that many long-term outpatient programs featuring intensive behavioral counseling (and sometimes medication support) are available close to home. These treatment options, however, are invisible to many residents who envision addiction treatment as short-term residential care, often far from their own communities. In addition, this epidemic has reached the doors of families who have never before had a need for social services. For these families, the process of navigating an unfamiliar system is daunting and the social stigma associated with drug abuse is still a powerful deterrent to seeking treatment within the community.

Speakers called for public outreach to reshape the public's perception of drug addiction treatment and education to help families and addicts access the resources available to them. Programming with an environmental focus will also help redefine social norms within communities.

LACK OF INTERPROFESSIONAL COMMUNICATION

Summit panelists reported that prescribers and pharmacists do not see eye to eye in terms of the proportion of patients who abuse prescription medications and the proportion of prescribers who over prescribe controlled substances. A survey of pharmacists in northeast Tennessee revealed

that while an estimated 20% of medications dispensed in the area are opioid pain relievers, pharmacists estimate that only 53% of the corresponding prescriptions are legitimate.

Summit panelists reported that the American Medical Association has discouraged communication between medical practitioners and pharmacists, and prescribing physicians cite HIPAA regulations as barriers to communication with pharmacists. Medications that are commonly abused need to be prescribed, dispensed, and consumed within a context that ensures that all involved in this cycle are properly informed.

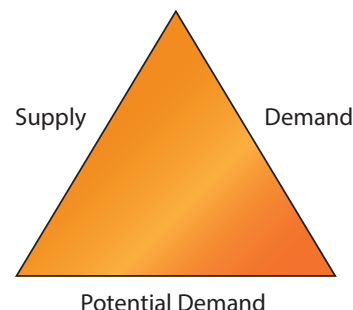
PILL MILLS AND ROGUE PAIN CLINICS

An estimated 1500 fraudulent pain clinics opened their doors in Florida between 2007 and 2012. Staffed by physicians hired via the internet and featuring diagnostic testing undertaken with broken imaging equipment, long lines, flashy advertising, and cash bonuses for large “orders,” these clinics were virtually legislated out of existence in Florida in 2012. While some owners attempted to thwart new regulations by operating as sham pharmacies rather than sham clinics, many simply migrated north—into the southeast region. This ongoing mass exodus is likely to exacerbate the prescription drug abuse epidemic in Appalachia. The DEA estimates the number of illegitimate pain clinics in Georgia, for example, rose from 15-20 to around 125 in just two years. Tennessee, with a population one third the size of Florida, now has more pain clinics than Florida does. Until prescribing practices are as tightly regulated in our region as they have been in Florida, the rash of pill mills and counterfeit clinics will become our plague.



How can we stop this epidemic?

As presented at the summit, the prescription drug abuse epidemic is sustained by three factors: supply, demand, and potential demand. Approaches to control have traditionally focused almost exclusively on decreasing the supply of medications. A more effective approach will include reducing the demand for drugs by rehabilitating current abusers and addicts and preventing new initiation.



RECOMMENDATIONS FOR PREVENTION *(Reducing Potential Demand)*

- Educate the public
 - *Monitor substances in the home*
 - *Secure prescriptions from potential abusers*
 - *Properly dispose of unused medications*
- Increase awareness of the risks associated with prescription drug misuse

RECOMMENDATIONS FOR REDUCING CURRENT ABUSE/MISUSE *(Reducing Demand)*

- Make appropriate treatment available
 - *Inpatient or long-term outpatient care*
 - *Addiction counseling*
 - *Supporting medications administered under medical supervision*
 - *Ongoing monitoring and drug testing*
- Drug modifications (abuse-deterrent reformulations)
- New prescribing recommendations

RECOMMENDATIONS FOR CONTROLLING AVAILABILITY *(Reducing Supply)*

- Educate prescribers
 - *Pain management*
 - *Recognizing addiction and making appropriate referrals*
 - *Standardized dosage using Morphine Equivalent Dosage (MED)*
- Prescription monitoring systems / databases
- Proper disposals via DEA-sanctioned take-back events and drug drop boxes

Read on to learn how state, local, and federal stakeholders are implementing these strategies.

An Interdisciplinary Strategy

The National Drug Control Strategy, developed under President Obama's administration in 2012, is the primary blueprint for drug control in the United States. This evidence-based strategy includes a four-part plan that is closely mirrored by state approaches. Specifically, the NDCS calls for:

- Education of parents, practitioners, and the general public
- Prescription drug monitoring programs
- Proper medication disposal
- Enforcement to reduce doctor-shopping, pill mills, and other forces that enable abuse

The structure of the NDCS provides an excellent framework for discussing interventions currently recommended and being implemented not only at the national level but also at regional and local levels by various stakeholders at the summit.

Education

Of prescribers

- A typical medical school curriculum includes no training in substance abuse disorders and very little in pain management. Efforts are underway to include these topics on the board exam to compel medical schools to update curricula.
- Training has been traditionally provided by pharmaceutical companies. It should be provided by professional associations and relevant boards.
- In 2012, the FDA developed a Risk Evaluation and Mitigation Strategy (REMS) to train prescribers in the use of extended-release and long-acting opioid pain medications. The program is not currently mandatory.
- The Morphine Equivalent Dose (MED) is a method of standardizing daily opioid consumption. Epidemiological evidence shows a significant (nine-fold) increase in opioid-related death and addiction above an MED of 100 mg/day.

"I knew how much training we get in med school in the treatment of chronic pain, acute pain, and addictive disease: zero hours...Who did we learn from? We learned from our mentors. Who did they learn from? Their mentors...I don't know how far back in time we get before we realize that nobody taught us. So we didn't get training on pain control, we didn't get training on [recognition] and treatment of addictive disease, and we're somehow shocked that we're in this problem."

— Stephen Loyd, MD
Associate Professor of Internal Medicine
James H. Quillen VA Medical Center

Of law enforcement personnel

The National Methamphetamine and Pharmaceutical Initiative (NMPI), a HIDTA-funded initiative, conducts training for law enforcement personnel and prosecutors on drug-related crimes, trends, and best practices.

Of the public

- The Partnership at DrugFree.org offers education to parents regarding the dangers of prescription medication abuse and methods of proper disposal.
- The American Society of Anesthesiologists is partnering with the White House Office of National Drug Control Policy to distribute educational cards to help the public recognize the signs of an overdose.
- Kentucky-based Operation UNITE (Unlawful Narcotics Investigations, Treatment, and Education) facilitates prevention in schools by establishing a dialogue with students to find out what youth know about prescription drug dangers and availability.

"States that have strong prescription drug monitoring programs, and practitioners and pharmacists that use them, and law enforcement that...have access to them...it makes a difference."

— Alan Santos
*Associate Deputy Assistant Administrator
Office of Diversion Control
Drug Enforcement Administration*



Prescription Drug Monitoring

With the exception of Missouri, every state now has a prescription drug monitoring program in place. The National Coordinator for Health Information Technology at DHHS is working with the Office of National Drug Control Policy to build pilot monitoring programs around the country. New legislation has recently allowed Veterans Administration providers to also access prescription monitoring systems. Systems and reporting requirements vary from state to state. Some allow for sharing of information between states, but increased interoperability among states will help these monitoring systems function more effectively.

State	Program	In effect since	Sharing with other states	Mandatory	Usage Statistics
TN	Controlled Substance Monitoring Database Program	2006 (enhanced by the Prescription Safety Act of 2012)	Agreements are pending with other states.	Yes. Prescribers and pharmacies are required to report Schedule II-V prescriptions within 7 days.	33,000 registered users
VA	Prescription Monitoring Program	Statewide as of 2006	TN, OH, IN, CT, IL, MI, SC, ND, AZ, KS, NM, SD, LA	No	17,000 registered users Used by 85% of prescribers and 50% of pharmacists
KY	Kentucky All Schedule Prescription Electronic Reporting (KASPER)	July 2012	Indiana, Ohio	Yes, and requires education related to substance abuse, pain management, and KASPER. All Schedule II-IV prescriptions must be reported within 3 days.	11.9 million reports in 2012 (2.72 per person)
WV	Controlled Substance Monitoring Program (CSMP)	2002 (originally established in 1995 as WV PMP)		All prescriptions for Schedule II, III, and IV controlled substances must be reported within 24 hours.	Over 890,000 queries in 2012

Disposal

Drug Take-Back Events

At the time of the summit, an estimated 2.8 million pounds of medications had been collected through six national DEA-sanctioned take-back events. The 2010 Safe and Responsible Drug Disposal Act allows communities to hold prescription take-back events for prescription drugs. Disposal regulations are expected in 2014 and will allow communities to host these events, which presently must be conducted by the DEA.

Summit speakers from pharmacy, academia, and government recommended in-depth analyses of substances reclaimed at these take-back events to help us better understand what types of medications are being removed from homes.

Enforcement of Regulations

An Appalachia HIDTA-funded Parcel Interdiction Task Force

This collaboration between Kentucky State Police, the Jefferson County Sheriff's Office, Louisville Metro Police Department, DHS, U.S. Customs, and the USPS has focused on local parcel shipping facilities and has intercepted parcels containing illegal and diverted prescription drugs. In 2013, \$2.2 million in drugs were seized by this force.

"We can't educate ourselves out of this. Education without authority is just a suggestion."

— Dr. Karen Cline-Parhamovich

Chief Medical Examiner, TN Department of Health

Monitoring Drug Manufacturing and Trafficking

The DEA and U.S. Attorney's Offices are working to eradicate pill mills in many states. The Office of National Drug Control Policy and the Centers for Disease Control and Prevention are monitoring the transition from prescription drug to heroin abuse.

Drug Reformulations and New Prescribing Recommendations

New FDA labeling for long-acting opioids specifies that they only be used when alternative treatment is inadequate and for pain that requires round-the-clock pain medication.

In 2010, Purdue Pharma released a reformulated controlled-release oxycodone (OxyContin®) that is more difficult to crush, grind, or dissolve to release a greater opioid dose more quickly.

Prescription and Overdose Monitoring

Although 49 states have implemented prescription monitoring databases, a minority mandate reporting by physicians and pharmacists. Mandatory registration will allow healthcare professionals and law enforcement to access more complete data.

Accurate data on prescription drug overdose deaths is also essential to understanding the magnitude of this public health burden and which geographical pockets are suffering the most. Dr. Karen Cline-Parhamovich, Chief Medical Examiner for the Tennessee Department of Health, recommended that counties report autopsy results to the state medical examiner's office to ensure consistency of investigation at the scene of death and proper handling of specimens for analysis.

Other Regional and National Activities and Recommendations

The Rise of a Center for Prescription Drug Misuse and Abuse Control

East Tennessee State University is working to build a permanent center for research, education, and treatment through a Diversity-Promoting Institution Drug Abuse Research Program (DIDARP) grant. This nascent program constitutes a comprehensive regional approach that unites prescribers, pharmacists, students, law enforcement, and patients to increase the number of prescription drug abuse and misuse researchers in the area, develop students and faculty, develop infrastructure to sustain long-term progress, conduct research, and disseminate research findings. Three projects are included in this program:



1. Increasing interprofessional communication among healthcare providers related to prescription drug abuse
2. Enhancing communication between providers and patients to prevent prescription abuse
3. Analyzing controlled substances reclaimed at DEA-sanctioned take-back events and drug drop boxes in central Appalachia

Making Treatment Available To Those Who Need It

Evidence shows that opioid addiction therapy supplemented by anti-withdrawal medications such as methadone, Suboxone®, buprenorphine, or Vivitrol® is more effective than addiction counseling alone. Some states limit the length of time an individual may take these medications. The National Drug Control Strategy expands these options for patients to allow long-term access to two-pronged treatment necessary for recovery.

Some state governments and community groups are working to improve access to treatment. Recovery Kentucky has established eight long-term residential care facilities which are available for free to state residents. Many additional outpatient programs are offered at night and allow individuals to maintain employment while receiving treatment. Many Employee Assistance Programs offer treatment to workers; efforts are underway to enhance the availability of these programs.

Opportunities for State and Local Leadership

Opportunities abound for participation at the local and state level. The Association of State and Territorial Health Organizations has established a goal of reducing overdose deaths by 15% by 2015. The National Governors Association is currently developing regional plans with governors and state and local health departments.

Many states are also creating new regulations to reduce diversion of prescription medications. Recent legislation in Tennessee requires that all Schedule II-IV medications be prescribed no more than 30 days at a time, that prescribers complete two hours of continuing medical education with the DEA every two years, that non-opioid measures be considered before opioid use, and that nebulous terms such as “pain specialist” be more consistently defined.

References and Recommended Reading

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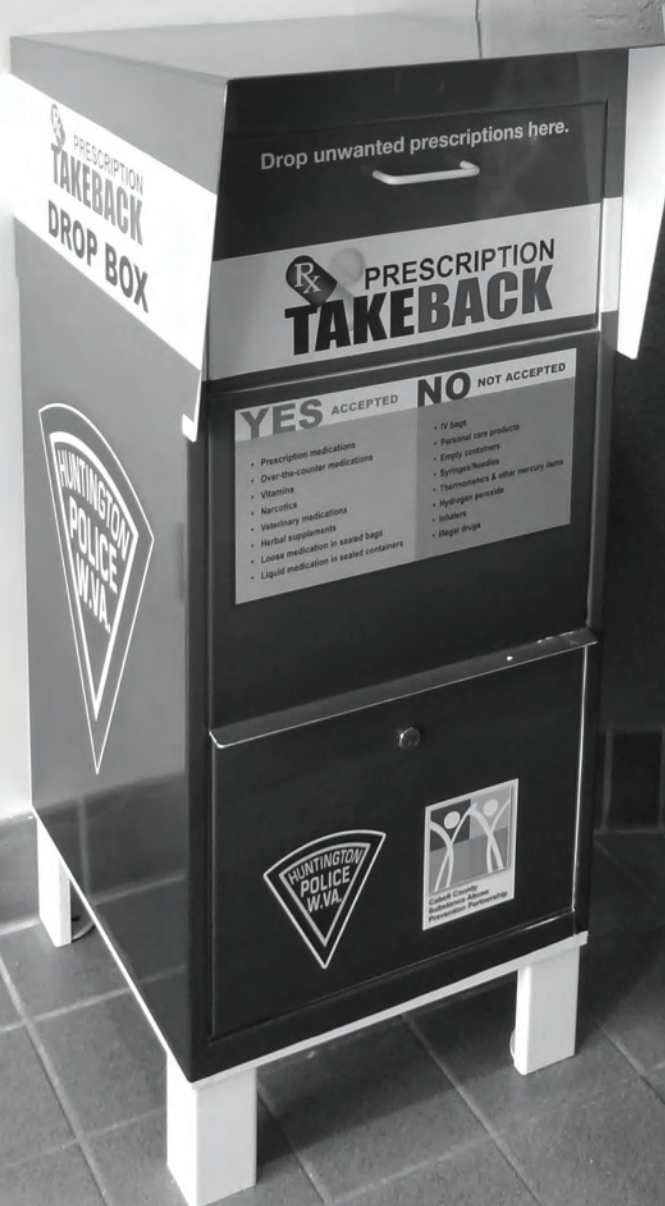
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Drop unwanted prescriptions here.

Rx PRESCRIPTION TAKEBACK

YES ACCEPTED	NO NOT ACCEPTED
<ul style="list-style-type: none">• Prescription medications• Over-the-counter medications• Vitamins• Narcotics• Veterinary medications• Herbal supplements• Loose medication in sealed bags• Liquid medication in sealed containers	<ul style="list-style-type: none">• IV bags• Personal care products• Empty containers• Syringes/needles• Thermometers & other mercury items• Hydrogen peroxide• Inhalers• Illegal drugs



